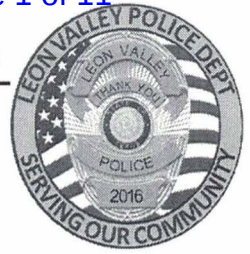




# City of Leon Valley Police Department



David Bailey  
164 Elizabeth  
San Antonio, Texas 78209

June 21, 2018

This letter is to inform you that the Leon Valley Police Department is holding property in which you may have ownership interest. A description of that property is set out below. In accordance with the Texas Code of Criminal Procedure Art. 18.17, if you do not assert your claim within ninety (90) days of the date of this notice, the property will be disposed of and the proceeds, after deducting the reasonable expense of keeping such property and the costs of the disposition, placed into the treasury of the City of Leon Valley. The Police Department is authorized to charge a property processing fee of twenty- five dollars (\$25.00) for the processing of all personal property being retrieved by or returned from the property room. The term "Personal Property" as used by this subsection, shall refer to property which, at the time of its release, is not classified as evidence, recovered property, or found property. Fees must be paid by exact cash, cashier's check, money order, or credit card at 3% fee.

You may assert your claim by contacting the Property and Evidence Storage Office, in person, at 6400 El Verde Rd. Leon Valley, Texas 78238 within the next ninety (90) days. You may also be required to present your claim, setting out the facts evidencing ownership to a Municipal Judge. If you have any questions please call (210) 684-1391 Ext. 257.

CASE #	Date Impounded	Description
201803942	06.21.2018	Tablet Unknown Brand/ Burned Blue
Line Flag		

*ER* 567

Thank you,  
**Officer E.Rivera #567**  
Property Detail  
Leon Valley Police Department

**Exhibit  
D**

7017 2680 0001 0267 3815

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$ 6.67

Sent To  
David Bailey  
Street and Apt. No., or PO Box No.  
164 Elizabeth  
City, State, ZIP+4®  
San Antonio, Texas 78209

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

## Authorization for Release of Property

Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, give authorization to \_\_\_\_\_  
(Print Name) (Print Name)

(My "Authorized Representative") to pick up my property ("Property") that is being held either at the Leon Valley Police Department (LVPD) Property and Evidence Room or in a City of Leon Valley interest-bearing bank account for my benefit.

In the event the Property consists of money, I authorize LVPD to deliver the Property to my Authorized Representative in the form of a City of Leon Valley check payable to my order in the proper amount ("Check"). I understand and agree that it may take up to 5 business days after this form is properly completed, signed and verified by myself and my Authorized Representative and delivered to and received at the LVPD Property and Evidence Room for the check to be prepared and delivered to my Authorized Representative. I also understand and agree that my Authorized Representative will pick up and sign a receipt for the Check at LVPD Property and Evidence Room.

I and my Authorized Representative hereby jointly and severally release the City of Leon Valley, its officers, employees, representatives and attorneys from any and all claims, liabilities, demands, or cause of action for costs, fees, expenses, charges or other sums (including court costs and reasonable attorney's fees) of any nature or type whatsoever, which are directly or indirectly related to LVPD's delivery and release of the Check to my Authorized Representative.

I and my Authorized Representative hereby jointly and severally indemnify and hold the City of Leon Valley, its officers, employees, representatives and attorneys harmless from and against any and all claims, liabilities, demands, or causes of action for costs, fees, expenses, charges or other sums (including court costs and reasonable attorney's fees) of any nature or type whatsoever, which are directly or indirectly related to LVPD's delivery and release of the Check to my Authorized Representative.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License or ID #

Sworn to and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

Exp. Date \_\_\_\_\_

18-394J  
66.21.18



**POLICE DEPART**  
**CITY OF LEON VALLEY**

6400 EL VERDE RD.  
LEON VALLEY, TEXAS 78238

**CERTIFIED MAIL®**



7017 2680 0001 0267 3815



U.S. POSTAGE >> PITNEY BOWES



ZIP 78238 \$ 006.67<sup>0</sup>  
02 4W  
0000354899 JUN 06. 2018

RECEIVED  
JUN 28 2018

BY: .....

PROPERTY ROOM

E. R. 18-3942-10567

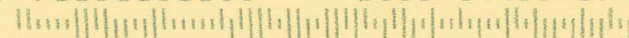
UTP

7820665828 22

NIXIE 782 DE 1 0006/27/18

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 78238232200 \*2093-04455-27-15



18-3942



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

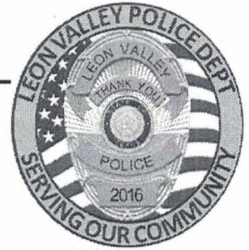
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p>																	
<p>1. Article Addressed to:</p> <p><b>David Bailey</b> <b>164 Elizabeth</b> <b>San Antonio, Texas 78204</b></p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>																
<p>2. Article Number (Transfer from service label)</p> <p><b>7017 2680 0001 0267 3815</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
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<input type="checkbox"/> Insured Mail																		
<input type="checkbox"/> Insured Mail Restricted Delivery																		

18-3942

Domestic Return Receipt



# City of Leon Valley Police Department



Joseph Pierce  
644 Kerry St.  
Crowley, Texas 76036

June 27, 2018

This letter is to inform you that the Leon Valley Police Department is holding property in which you may have ownership interest. A description of that property is set out below. In accordance with the Texas Code of Criminal Procedure Art. 18.17, if you do not assert your claim within ninety (90) days of the date of this notice, the property will be disposed of and the proceeds, after deducting the reasonable expense of keeping such property and the costs of the disposition, placed into the treasury of the City of Leon Valley. The Police Department is authorized to charge a property processing fee of twenty- five dollars (\$25.00) for the processing of all personal property being retrieved by or returned from the property room. The term "Personal Property" as used by this subsection, shall refer to property which, at the time of its release, is not classified as evidence, recovered property, or found property. Fees must be paid by exact cash, cashier's check, money order, or credit card at 3% fee.

You may assert your claim by contacting the Property and Evidence Storage Office, in person, at 6400 El Verde Rd. Leon Valley, Texas 78238 within the next ninety (90) days. You may also be required to present your claim, setting out the facts evidencing ownership to a Municipal Judge. If you have any questions please call (210) 684-1391 Ext. 257.

CASE #	Date Impounded	Description
201804036	06.23.2018	Black Computer Mouse/ Silver USB Cord/ Small Tr Brown Box with 2 Batteries and USB Cord/ Cell Ph White Samsung AC Adapter/ Black ZTE Wall Plug Portable Charger (Cigarette Plug)/ Wall Plug Char Debit Mastercard/ Black Electrical Tape/ \$19.50 US

*Erika R. 567*

Thank you,  
**Officer E.Rivera #567**  
Property Detail  
Leon Valley Police Department

7017 2680 0001 0267 3860

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Joseph Pierce	
Street and Apt. No., or PO Box No.	644 Kerry St.	
City, State, ZIP+4®	Crowley, TX 76036	



## Authorization for Release of Property

Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, give authorization to \_\_\_\_\_  
(Print Name) (Print Name)

(My "Authorized Representative") to pick up my property ("Property") that is being held either at the Leon Valley Police Department (LVPD) Property and Evidence Room or in a City of Leon Valley interest-bearing bank account for my benefit.

In the event the Property consists of money, I authorize LVPD to deliver the Property to my Authorized Representative in the form of a City of Leon Valley check payable to my order in the proper amount ("Check"). I understand and agree that it may take up to 5 business days after this form is properly completed, signed and verified by myself and my Authorized Representative and delivered to and received at the LVPD Property and Evidence Room for the check to be prepared and delivered to my Authorized Representative. I also understand and agree that my Authorized Representative will pick up and sign a receipt for the Check at LVPD Property and Evidence Room.

I and my Authorized Representative hereby jointly and severally release the City of Leon Valley, its officers, employees, representatives and attorneys from any and all claims, liabilities, demands, or cause of action for costs, fees, expenses, charges or other sums (including court costs and reasonable attorney's fees) of any nature or type whatsoever, which are directly or indirectly related to LVPD's delivery and release of the Check to my Authorized Representative.

I and my Authorized Representative hereby jointly and severally indemnify and hold the City of Leon Valley, its officers, employees, representatives and attorneys harmless from and against any and all claims, liabilities, demands, or causes of action for costs, fees, expenses, charges or other sums (including court costs and reasonable attorney's fees) of any nature or type whatsoever, which are directly or indirectly related to LVPD's delivery and release of the Check to my Authorized Representative.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature of Authorized Representative

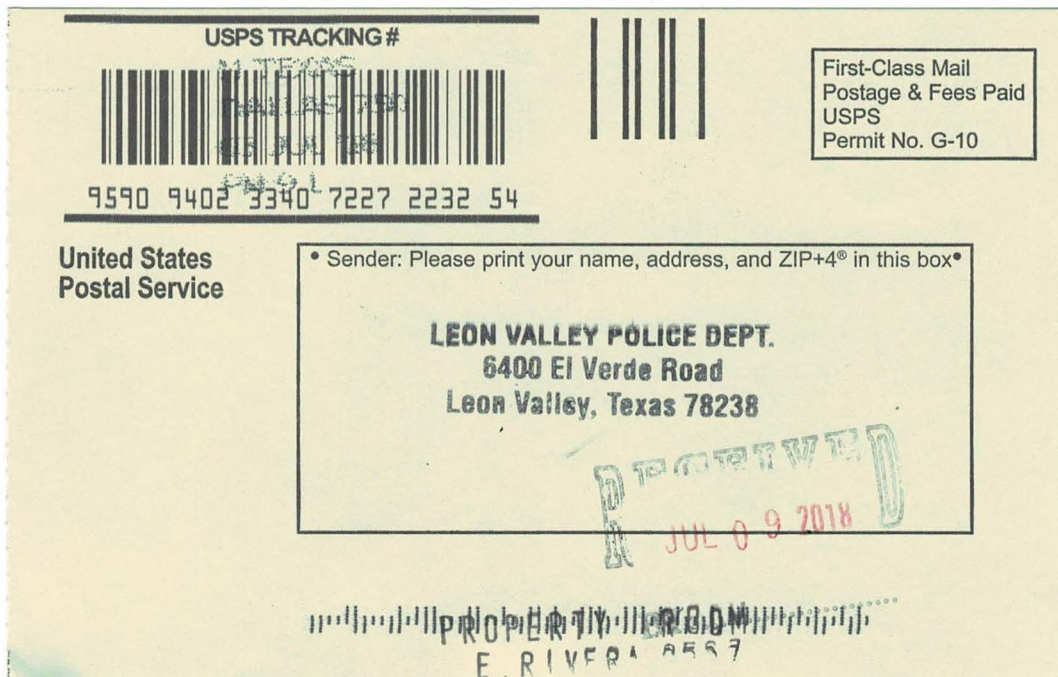
\_\_\_\_\_  
Date


\_\_\_\_\_  
Driver's License or ID #

Sworn to and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

Exp. Date \_\_\_\_\_

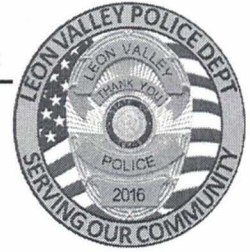


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>																
<p>1. Article Addressed to:</p> <p>Joseph Pierce 6444 Kerry St. Crowley, Texas 76036</p> <p> 9590 9402 3340 7227 2232 54</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Joe Pierce 7-3-18</p>																
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>7017 2680 0001 0267 3860</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery (00)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Mail Restricted Delivery (00)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Mail Restricted Delivery (00)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>18-4036 Domestic Return Receipt</p>																





# City of Leon Valley Police Department



James Springer  
3006 Chiesa  
Rowlett, Texas 75088

July 10, 2018

This letter is to inform you that the Leon Valley Police Department is holding property in which you may have ownership interest. A description of that property is set out below. In accordance with the Texas Code of Criminal Procedure Art. 18.17, if you do not assert your claim within ninety (90) days of the date of this notice, the property will be disposed of and the proceeds, after deducting the reasonable expense of keeping such property and the costs of the disposition, placed into the treasury of the City of Leon Valley. The Police Department is authorized to charge a property processing fee of twenty- five dollars (\$25.00) for the processing of all personal property being retrieved by or returned from the property room. The term "Personal Property" as used by this subsection, shall refer to property which, at the time of its release, is not classified as evidence, recovered property, or found property. Fees must be paid by exact cash, cashier's check, money order, or credit card at 3% fee.

You may assert your claim by contacting the Property and Evidence Storage Office, in person, at 6400 El Verde Rd. Leon Valley, Texas 78238 within the next ninety (90) days. You may also be required to present your claim, setting out the facts evidencing ownership to a Municipal Judge. If you have any questions please call (210) 684-1391 Ext. 257.

CASE #	Date Impounded	Description
201803942	06.18.2018	Ruger SR40c SN: 345-03584/ Ruger Magazine/ Blackhawk

*E. Rivera* 567  
Thank you,  
**Officer E. Rivera #567**  
Property Detail  
Leon Valley Police Department

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Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

\$ 6.67

Sent To

James Springer

Street and Apt. No., or PO Box No.

3006 Chiesa

City, State, ZIP+4®

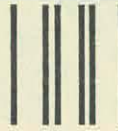
Rowlett, Texas 75088

Postmark  
Here

USPS TRACKING#



9590 9402 3340 7227 2231 79



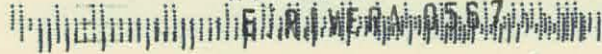
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

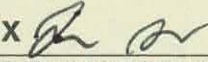
United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

LEON VALLEY POLICE DEPT.  
6400 El Verde Road  
Leon Valley, Texas 78238

PROPERTY ROOM



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X  <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div>	
1. Article Addressed to:  James Springer 3006 Chiesa Rowlett, Texas 75088   9590 9402 3340 7227 2231 79		B. Received by (Printed Name) James Springer	C. Date of Delivery 7/15
2. Article Number (Transfer from service label) 7017 2680 0001 0267 3969		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 18-3942		Domestic Return Receipt	